2025 CPT ® E/M Medical Decision Making and Time

MDM (2/3 elements or time)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	Risk of Complications and/or Morbidity or Mortality of Patient Management
Straightforward **OP:** **(Time)** New: 99202 (15-29) Estab: 99212 (10-19) Consult: 99242 (20-29) **IP:*** Initial: 99221 (40-54) Subs: 99231 (25-34) Consult: 99252 (35-44) **ED:** 99242 (20-29)	**Minimal** ▪ 1 self-limited or minor problem, stable or improved	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ▪ Rest ▪ Return to school ▪ No treatment
Low **OP:** New: 99203 (30-44) Estab: 99213 (20-29) Consult: 99243 (30-39) **IP:** Initial: 99221 (40-54) Subs: 99231 (25-34) Consult: 99253 (45-59) **ED:** 99243 (30-39)	**Low (any 1 from list below)** ▪ 2 or more self-limited or minor problems; stable/improved ▪ 1 chronic illness; stable/improved ▪ 1 acute, uncomplicated illness or injury; new/worse	**Limited** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** Any combination of 2 from the following: ▪ Review of prior external notes(s) from each unique source; ▪ Review of the result(s) of each unique test; ▪ Ordering of each unique test ▪ **OR** **Category 2: Independent historian(s)**	**Low risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ▪ Over-the-counter medication ▪ Self-care at home (eyelid massage, frequent cleaning, warm compresses) ▪ Decision regarding minor surgery w/o identified patient or procedure risk factors ▪ Recommended minor surgery yet patient declined ▪ Eye exercises at home
Moderate **OP:** New: 99204 (45-59) Estab: 99214 (30-39) Consult: 99244 (40-54) **IP:** Initial: 99222 (55-74) Subs: 99232 (35-49) Consult: 99254 (60-79) **ED:** 99244 (40-54)	**Moderate (any 1 from list below)** ▪ 1 or more chronic illness; new/worse; ▪ 1 acute, complicated injury; new/worse ▪ 2 or more stable, chronic illnesses; ▪ 1 undiagnosed new problem with uncertain prognosis;	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** Any combination of 3 from the following: ▪ An independent historian ▪ Review of prior external notes(s) from each unique source; ▪ Review of the result(s) of each unique test; ▪ Ordering of each unique test ▪ **OR** **Category 2: Independent interpretation of tests** ▪ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **OR** **Category 3: Discussion of management or test interpretation** Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ▪ Prescription drug management ▪ Decision regarding minor surgery with identified patient or procedure risk factors ▪ Decision regarding elective major surgery without identified patient or procedure risk factors ▪ Decision to order exam under sedation or general anesthesia ▪ Decision to order imaging (testing) under sedation or general anesthesia ▪ Diagnosis or treatment significantly limited by social determinants of health (must be supported by documentation) ▪ Recommended major surgery yet patient declined ▪ Prescription for eyeglasses or CL as treatment
High **OP:** New: 99205 (60-74) Estab: 99215 (40-54) Consult: 99245 (55-69) **IP:** Initial: 99223 (75-89) Subs: 99233 (50-64) Consult: 99255 (80-94) **ED:** 99245 (55-69)	**High (any 1 from list below)** ▪ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; urgent ▪ 1 acute or chronic illness or injury that poses a threat to life/bodily function/sight; emergent	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** Any combination of 3 from the following: ▪ An independent historian ▪ Review of prior external notes(s) from each unique source; ▪ Review of the result(s) of each unique test; ▪ Ordering of each unique test ▪ **OR** **Category 2: Independent interpretation of tests** ▪ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **OR** **Category 3: Discussion of management or test interpretation** ▪ Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	**High risk morbidity from additional diagnostic testing or treatment** *Examples only:* ▪ Drug therapy requiring intensive monitoring ▪ Elective major surgery with identified patient or procedure risk factors ▪ Non-elective emergent/urgent major surgery ▪ Decision regarding hospitalization or referral to the ER ▪ Ordering an urgent sedated MRI ▪ Retinal condition requiring intensive monitoring

2025 CPT ® E/M Guideline Definitions for Acute and Chronic Illness		
Term	**Description**	**Examples**
Self-limited or minor problem	▪ The problem runs a definite and prescribed course ▪ The problem is transient in nature ▪ The problem is not likely to permanently alter health status	▪ Refractive error that does not require treatment (e.g., 0.25D)
Stable, chronic illness	▪ This type of problem is expected to last at least a year or until the patient's death. ▪ A change in stage or severity does not change whether a condition is chronic. ▪ The patient's treatment goals determine whether the illness is stable. A patient who hasn't achieved their treatment goal is not stable, even if the condition hasn't changed and there's no short-term threat to life or function. ▪ The risk of morbidity is significant without treatment.	▪ Optic nerve hypoplasia ▪ Cortical visual impairment ▪ Refractive error requiring treatment ▪ Aphakia ▪ Glaucoma not requiring a change in treatment ▪ History of ROP requiring long-term follow up
Acute, uncomplicated illness or injury	▪ The problem is recent and short term. ▪ There is a low risk or morbidity. ▪ There is little to no risk of mortality with treatment. ▪ Full recovery without functional impairment is expected. ▪ The problem may be self-limited or minor, but it is not resolving in line with a definite and prescribed course.	▪ Chalazia ▪ Conjunctivitis ▪ Keratitis from CL abuse
Acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	▪ The problem is recent and short term. ▪ There is a low risk or morbidity. ▪ There is little to no risk of mortality with treatment. ▪ Full recovery without functional impairment is expected. ▪ The treatment required is delivered in a hospital inpatient or observation level setting.	▪ ROP Stage 0/Immature During Nursery Period
Acute illness with systemic symptoms	▪ The illness causes systemic symptoms, which may be general or single system. ▪ There is a high risk of morbidity without treatment. ▪ For a minor illness with systemic symptoms like fever or fatigue, consider self-limited/minor or acute uncomplicated.	▪ Idiopathic intracranial hypertension ▪ Uveitis
Acute, complicated injury	▪ Treatment requires evaluation of body systems that aren't part of the injured organ, the injury is extensive, there are multiple treatment options, or there is a risk or morbidity with treatment.	▪ Orbital fracture ▪ Orbital cellulitis ▪ Head injury with brief loss of consciousness
Undiagnosed new problem with uncertain prognosis	▪ A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment	▪ Retinal mass ▪ Acute vision loss w/o observable abnormality of the eye(s) ▪ Unknown diagnosis that requires further imaging
Chronic illness with exacerbation, progression, or side effects of treatment	▪ The chronic illness is getting worse, is not controlled, or is progressing "with an intent to control progression." ▪ The condition requires additional care or treatment of the side effects. ▪ Hospital level of care is not required.	▪ JIA with uveitis ▪ Strabismus requiring further treatment ▪ Glaucoma requiring further treatment
Chronic illness with severe exacerbation, progression, or side effects of treatment	▪ There is a significant risk of morbidity. ▪ The patient may require hospital care/escalation in level of care.	▪ Vogt-Koyanagi-Harada disease ▪ Leukemia with ocular manifestation ▪ Glaucoma requiring a change in treatment ▪ Congenital cataract requiring a change in treatment (within critical period)
Acute or chronic illness or injury that poses a threat to life or bodily function	▪ There is a near-term threat to life or sight without treatment. ▪ An acute illness with systemic symptoms, an acute complicated injury or injury with exacerbation and/or progression or side effects of treatment may be involved.	▪ Ruptured globe ▪ Retinoblastoma ▪ Orbital fracture with trapped muscle ▪ Retinal detachment due to trauma ▪ Perforated corneal ulcer ▪ Stage 1 ROP or worse

2025 CPT ® E/M Guideline Definitions for Acute and Chronic Illness lists common pediatric ophthalmology conditions.

REGARDING RISK MANAGEMENT:

The following are some examples of how a moderate risk situation might occur

- Foster care. **Z62.21**. When past medical history is not attainable.
- Living in a group home**. Z59.3**. Ability for care/communication/treatment problematic
- Divorced or split families. **Z63.5.** Where medication and treatment plans are not carried over by other parent or caregiver.
- Due to age or developmental delay with lack of educational ability. **Z55.8**. Young or uncooperative children or conditions such as autism, syndrome (e.g. Down's), or developmental delay will affect the ability to provide treatment or render necessary care.
- No shows to appointments **Z60.9, Z62.898**. Which is due to upbringing/social issues for a child since they cannot bring themselves in, which will delay and prevent necessary care.

PROBABLE CPT CODING LEVEL FOR OPHTHALMOLOGY BASED ON RISK

Minimal (lvl 2)

Examples:

- Quick confirmation of a problem without exam but with observation (e.g. reoccurrence of eye allergy, already rx medication @ previous visit)
- Confirmation of Pseudostrabismus (follow up)
- Family Hx, but w/o personal hx or findings
- Failed vision screening no findings
- Exam with no findings, monitor high-risk medication

Low (lvl 3)

Examples:

- Conjunctivitis (OTC Meds)
- Blepharitis / Conjunctivitis (no keratitis)
- Convergence insufficiency
- Glaucoma suspect w/o treatment (including baseline testing)
- Meibomitis
- Mild ptosis requiring only observation
- Amblyopia follow up (improving/resolving/stable) (ie: no increase in treatment, no change in spec RX)
- Past history of vision loss (not acute)
- Amblyopia Suspect
- Chalazion requiring only self-care
- Sub conjunctival hemorrhage

Moderate (lvl 4)

Examples:

- Amblyogenic risk factors requiring Rx
- Amblyopia (nonresponsive/regression/worsening /unstable) (ie: change in treatment, change in rx)
- Congenital cataract outside critical period, but requiring treatment
- Chalazion (req. surgery or mgmt. like steroids, antibiotics)
- Corneal abrasion
- Developmental/genetic syndrome addressed during encounter
- Corneal foreign body
- Herpes keratitis
- Orbital Contusion
- Optic nerve cupping/asymmetry
- Ptosis requiring surgery
- Strabismus requiring tx
- Corneal infiltrates
- Corneal ulcer (not perforated)
- Vernal/Kerato-/Drug-Induced Conjunctivitis
- Tertiary referral of glaucoma suspect
- Hyphema
- Retinal dystrophy
- Peri-Orbital Injections

High (lvl 5)

Examples:

- Traumatic cataract
- Concomitant conditions that are addressed (trauma to eye and blood condition, sickle cell, Marfan)
- Perforated corneal ulcer
- Glaucoma (acute, requiring immediate tx)
- Intraocular foreign body requiring OR
- Retinoblastoma
- Retinal detachment
- Ocular motor nerve palsy (acute)
- Optic disc edema/suspected edema
- Retinopathy of prematurity (above zero)
- Open globe injury
- Congenital cataract (during critical period)